

SERFF Tracking Number:	ALSX-125305238	State:	Arkansas
Filing Company:	Allstate Indemnity Company	State Tracking Number:	AR-PC-07-026226
Company Tracking Number:	R19156		
TOI:	04.0 Homeowners	Sub-TOI:	04.0003 Owner Occupied Homeowners
Product Name:	Homeowners		
Project Name/Number:	Amendment to Manual Submitted with R17858/R19156		

Filing at a Glance

Company: Allstate Indemnity Company

Product Name: Homeowners

TOI: 04.0 Homeowners

Sub-TOI: 04.0003 Owner Occupied
Homeowners

Filing Type: Rule

SERFF Tr Num: ALSX-125305238

SERFF Status: Closed

Co Tr Num: R19156

Co Status:

Author: SPI AllState

Date Submitted: 09/26/2007

State: Arkansas

State Tr Num: AR-PC-07-026226

State Status:

Reviewer(s): Becky Harrington,
Betty Montesi, Brittany Yielding

Disposition Date: 09/26/2007

Disposition Status: Filed

Effective Date Requested (New): 10/11/2007

Effective Date Requested (Renewal): 10/11/2007

Effective Date (New): 10/11/2007

Effective Date (Renewal):

10/11/2007

General Information

Project Name: Amendment to Manual Submitted with R17858

Project Number: R19156

Reference Organization:

Reference Title:

Filing Status Changed: 09/26/2007

State Status Changed: 09/26/2007

Corresponding Filing Tracking Number:

Filing Description:

The Deluxe Plus Homeowners pages included in this filing were inadvertently excluded from filing AR-PC-07-025239 (company reference number R17858). The purpose of this filing is to ensure that the Arkansas Department of Insurance has all rate and rule manual pages associated with filing R17858. The rate change associated with these revised pages is applicable to renewal business effective October 11, 2007. Since Allstate Indemnity Company is closed to new business, there is no new business impact.

Status of Filing in Domicile: Not Filed

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

The filings forms contained herein are those forms that were originally submitted with filing AR-PC-07-025239.

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Company and Contact

Filing Contact Information

Carrie Deppe, Assistant State Filings Manager cdepp@allstate.com
 2775 Sanders Road (847) 402-2774 [Phone]
 Northbrook, IL 60062 (847) 402-9757[FAX]

Filing Company Information

Allstate Indemnity Company	CoCode: 19240	State of Domicile: Illinois
2775 Sanders Road	Group Code: 8	Company Type:
Suite A5		
Northbrook, IL 60062	Group Name: Allstate	State ID Number:
(847) 402-5000 ext. [Phone]	FEIN Number: 36-6115679	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	Rate filing to supplement rate and rule manual from a previously approved filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Allstate Indemnity Company	\$100.00	09/26/2007	15816371

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Becky Harrington	09/26/2007	09/26/2007

Rate/Rule Schedule

Review Status:	Exhibit Name:	Rule # or Page #:	Rate Action	Previous State Filing Attachments Number:
Filed	ManualR19156	R19156	Replacement	R19156.PDF
Filed	CheckingListR19156	R19156	New	R19156.PDF

Rounding:

Unless otherwise noted, all premium calculations shall be rounded to the nearest dollar. A premium of \$0.50 or more shall be rounded to the next whole dollar.

The Reinsurance Charge as well as the final premium shall be rounded to the nearest penny. Amounts of \$0.005 or more shall be rounded to the next whole penny.

The premium calculation should be done in the following order:

1. Multiply the appropriate \$250 deductible premium shown on the Package Premium Pages by a Rate Adjustment Factor of 1.399.
2. Claim Rating Factor – Multiply by the appropriate factor (Rule 25)
3. Claim Free Discount – Multiply by .85 (Rule 26)
4. Age of Home Discount - Multiply by the appropriate factor (Rule 23)
5. Partially Renovated Home Discount - Multiply by the appropriate factor (Rule 27)
6. Home Buyer Discounts - Multiply by the appropriate factor (Rule 28)
7. Fire Resistive Discount - Multiply by .85 (Rule 10)
8. Protective Device Discount - Multiply by the appropriate factor (Rule 15)
9. 55 and Retired Discount - Multiply by .90 (Rule 16)
10. Home and Auto Discount - Multiply by appropriate factor (Rule 17)
11. The Good Hands People® Discount - Multiply by .95 (Rule 22)

12. Apply the appropriate deductible factor, subject to any applicable maximum dollar credit.

<u>Deductible Option</u>	<u>Deductible Relativity</u>	<u>Maximum Deductible Credit *</u>
100	1.25	-
250	Base	-
250/500 WIND/HAIL	.94	\$150
250/1000 WIND/HAIL	.92	210
500	.85	375
500/1000 WIND/HAIL	.84	720
750	.75	825
1000	.70	1200
1500	.65	1575
2000	.61	1800
3000	.56	2025
5000	.49	2325

* relative to the \$250 deductible premium

13. Add the Fixed Expense Policy Fee shown on the Supplementary Rate Page

14. Add the appropriate Reinsurance Charge. Determine the charge as follows:

- a) Determine the appropriate Base Reinsurance Charge from the Reinsurance Charge Pages.
- b) Multiply the appropriate charge by a Reinsurance Rate Adjustment Factor of 0.900 (round to three decimals).
- c) Multiply by the appropriate Coverage A Reinsurance Limit Factor as shown in the Reinsurance Charge Pages (penny round).

15. Add the additional premium applicable for increased limits or additional coverage. Where applicable, use the same deductible amount as Coverage A.

Note: All premium calculations shall be rounded to the nearest dollar. A premium of \$0.50 or more shall be rounded to the next higher whole dollar.

CHECKING LIST FOR DELUXE PLUS HOMEOWNERS

Printing dates are shown on each page to facilitate identification of different editions, but have no direct connection with the effective date of the page.

RATE PAGE CALCULATION OPTIONS

Enclosed: Page DPRC-1 dated 9-1-07
Page DPRC-2 dated 9-1-07

Withdrawn: Page DPRC-1 dated 8-1-04
Page DPRC-2 dated 5-13-02

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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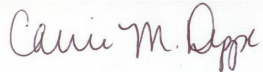
3.	Group Name	Group NAIC #
	Allstate	008

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	Allstate Indemnity Company	IL	19240	36-6115679	

5. Company Tracking Number	R19156
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Carrie M. Deppe 2775 Sanders Road, Suite A5 Northbrook IL 60062	Assistant State Filings Manager	800-366-2958 Ext. 22774	847-402-9757	cdepp@allstate.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Carrie M. Deppe

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	04.0 Homeowners
10.	Sub-Type of Insurance (Sub-TOI)	04.0003 Owner Occupied Homeowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12.	Company Program Title (Marketing Title)	Homeowners
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input checked="" type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 10/11/2007 Renewal: 10/11/2007
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	Not applicable
17.	Reference Organization # & Title	Not applicable
18.	Company's Date of Filing	September 25, 2007
19.	Status of filing in domicile	<input checked="" type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	R19156
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

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The filings forms contained herein are those forms that were originally submitted with filing AR-PC-07-025239.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: Not applicable. Fee will be paid via Electronic Funds Transfer. Amount: \$100.00 </div> <p>Rate filing to supplement rate and rule manual from a previously approved filing.</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

PROPERTY & CASUALTY RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	R19156
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	Not applicable
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☒ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)
Allstate Indemnity Company	17.8	17.8	2638224	22016	1482148 5	19.9	

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when Applicable)	Overall % Rate Impact	Written Premium Change for this program	# of policyholders affected for this program	Written premium for this program	Maximum %Change (where required)	Minimum %Change (where required)

	5. Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication(when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing – Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	0.0
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7.	Effective Date of last rate revision	9/4/2006
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	File & Use
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01	Please refer to checking list	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	AR-PC-06-020663
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	